



# LOS ANGELES COUNTY COMMISSION ON HIV

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## COMMISSION ON HIV MEETING MINUTES September 13, 2012

**APPROVED**  
**11/8/2012**

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	DHSP STAFF
Carla Bailey, <i>Co-Chair</i>	Angélica Palmeros	Ernesto Aldana	Kyle Baker
Michael Johnson, <i>Co-Chair</i>	Mario Pérez	Herman Avilez	Juhua Wu
Sergio Aviña	Gregory Rios/Terry Goddard	Zoyla Cruz	Dave Young
Al Ballesteros	Juan Rivera	Phil Curtis	
Vivian Branchick	Stephen Simon	Shawn Griffin	
Christopher Brown	LaShonda Spencer	Miki Jackson	<b>COMMISSION STAFF/CONSULTANTS</b>
Joseph Cadden	Carlos Vega-Matos	Alejandrina Jurado	
Whitney Engeran-Cordova	Tonya Washington-Hendricks	Luke Klipp	
Lilia Espinoza		Joseph Leahy	Jane Nachazel
Aaron Fox		Gabriele León	Glenda Pinney
Douglas Frye	<b>MEMBERS ABSENT</b>	Richard Martin ( <i>by phone</i> )	James Stewart
David Giugni	Cheryl Barrit	Gil Montgomery	Craig Vincent-Jones
Thelma James	Anthony Braswell	Melissa Nuestro	Nicole Werner
David Kelly	Joseph Green	Victoria Ortega	
Ayanna Kiburi ( <i>by phone</i> )	James Jones	Kasta Palmer-Feste	
Lee Kochems	Elizabeth Mendia	Martha Ron	
Bradley Land	Karen Peterson	Ricky Rosales	
Ted Liso/James Chud	Kathy Watt	Tanis Roslyn	
Anna Long	Jocelyn Woodard/Robert Sotomayor	Fuli Triantafallon	
Abad Lopez	Fariba Younai	Deborah Wafe	
Jenny O'Malley		Jason Wise	

- CALL TO ORDER:** Mr. Johnson called the meeting to order at 9:20 am.  
**A. Roll Call (Present):** Bailey, Branchick, Brown, Cadden, Frye, Giugni, James, Johnson, Kelly, Kiburi, Land, Liso/Chud, Long, Lopez, O'Malley, Pérez, Rios/Goddard, Rivera, Simon, Spencer, Vega-Matos, Washington-Hendricks
- APPROVAL OF AGENDA:**  
**MOTION 1:** Approve the Agenda Order (***Passed by Consensus***).
- APPROVAL OF MEETING MINUTES:**  
**MOTION 2:** Revise and approve the minutes from the 7/12/2012 Commission on HIV meeting (***Passed by Consensus***).
- CONSENT CALENDAR:**  
**MOTION 3:** Approve the Consent Calendar with Motions 4, 5, 6 and 7 pulled for deliberation (***Passed by Consensus***).
- PARLIAMENTARY TRAINING:** There was no training.
- PUBLIC COMMENT (NON-AGENDIZED or Follow-up):** Gabriele León, AltaMed, introduced a new condom campaign using packages printed with "top" or "bottom. It is hoped the condoms will foster discussion of preferred sexual positions, condom negotiation skills and HIV status. AltaMed is offering 1,000 condoms per month to each of its campaign partners. To become a partner or for more information go to [www.AltaMed.org/condom](http://www.AltaMed.org/condom). Condoms were available on the resource table.

**7. COMMISSION COMMENT (*Non-agendized or Follow-up*):** There were no comments.

**8. CALIFORNIA OFFICE OF AIDS (OA) REPORT:**

**A. OA Work/Information:**

- Ms. Kiburi, Chief, HIV Care Branch, reported HRSA conducted a comprehensive Part B Care, ADAP and MAI site visit of fiscal, administrative, quality management and monitoring processes on 9/10-9/12/2012. It was the first visit in several years and followed a revamped process. The visit included monitoring of a Part B sub-grantee located in Sacramento. There will be a follow-up report from HRSA within 30 days. Preliminary feedback was positive.
- HRSA agreed California is more complex than most grantees so has committed to regular site visits and ongoing Technical Assistance (TA). HRSA will probably also conduct a second part of the site visit in early 2013.
- The Care Branch continues work on completion of 2012-2013 Part B contract amendments. They should be distributed to providers in a few weeks for finalization. Meanwhile, contracts remain in place so services should not be disrupted.
- OA's new Registered Nurse began this week. She will run the Quality Management Program and offer contractors TA.
- OA continues to provide TA to counties transitioning to the Low Income Health Program (LIHP). There have also been enrollment worker trainings and comprehensive training for case managers, benefits counselors, AIDS directors and administrators. Trainings are being planned for about four counties joining LIHP in October 2012 and January 2013. An ADAP management memorandum is expected soon on changes and enrollment worker training changes.
- Weekly LIHP updates with the Department of Health Care Services (DHCS) continue. Issues are being handled timely.
- The LIHP Stakeholder Advisory Committee has changed from weekly to bi-weekly meetings. Members felt the new schedule sufficient to address issues. Meetings have mostly focused on network and pharmacy adequacy.
- Mr. Martin, Chief, CARE/HIPP Section, reported OA received approval to use general funds to pay private insurance premiums for LIHP-eligible ADAP clients. Consequently, clients enrolled in OA-Health Insurance Premium Payment (OA-HIPP) or OA-Pre-existing Condition Insurance Plan (OA-PCIP) need not migrate to LIHP and can maintain current care.
- Mr. Vincent-Jones asked how OA was interpreting HRSA's letter regarding whether Ryan White (RW) funds can be used for Medicare, Medi-Cal and LIHP co-payments and share-of-cost. HRSA's instructions seem to be inconsistent as some states are being allowed to use funds that way. Mr. Martin said there was currently no mechanism to use RW funds based on the letter, but Ms. Kiburi said OA continued to advocate for such use. Many have asked about it.
- Mr. Johnson asked if network adequacy conversations were based on Department of Managed Health Care standards or something more robust. He noted there were adequacy issues even in urban areas due to transportation barriers. Ms. Kiburi replied they used the DHCS standard which she believed was ability to reach a provider in 30 minutes. OA was asked to review San Bernardino County for adequacy. Some mapping was done and it was found adequate.
- Mr. Johnson said it was important to consider challenges such as in Los Angeles County. It is unrealistic to assume clients have access to a car and there is a vast difference between 30 minutes by car or by public transportation. Ms. Kiburi recommended taking concerns to local LIHP administrators as they are held to the standard by DHCS.
- ➡ Ms. Kiburi will convey the concern about network adequacy to the LIHP Stakeholder Advisory Committee.
- ➡ Ms. Kiburi will talk to Nikki Dhillon, Chief, ADAP Branch, about use of RW funds for Medicare, Medi-Cal and LIHP co-payments and share-of-cost. Mr. Vincent-Jones affirmed the Commission's support for OA in seeking such use.
- ➡ There was no written OA report due to additional activities at OA, but Ms. Kiburi will forward one later.

- B. California Planning Group (CPG):** Ms. Kiburi reported the CPG has completed the Comprehensive Integrated Plan for Prevention, Care and Surveillance. It has already been submitted to HRSA and will be submitted shortly to meet the CDC deadline at the end of September. It will be posted on the OA website after CDC submission.

**9. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:**

**A. HIV Epidemiology Report:**

- Dr. Frye, Chief, HIV Epidemiology Division, said the Division's main work now was data for the RW application and for Claire Husted's work with the Commission. For the first time, the application table will use no coded data. There are about 44,000 reported cases of PLWHA as of 12/31/2012 including about 18,000 PLWH non-AIDS.
- Mr. Vincent-Jones noted the Commission has advocated for full implementation of names-based reporting since 2004 and HIV Epidemiology since 2002. It is a great accomplishment to finally be able to submit all names-based data.
- Dr. Frye said electronic laboratory reporting reach is also being extended via Atlas. Atlas offers more information from reports passing through the system and is very secure. He participates in Normalizing HIV Reporting, a statewide work group on Cal-Ready and the state Atlas, which focuses on standardizing communicable disease reporting.

**B. Administrative Agency Report:**

**1. FY 2013 RW Part A Application:**

- Mr. Pérez reported DHSP was in final development of the application. He encouraged participation in the 10/2/2012 community review. DHSP plans to submit the application about two weeks before the deadline.
- He noted community concern due to a letter on rent and utility costs from HRSA to Ernest Hopkins, Director, Legislative Affairs, San Francisco AIDS Foundation. Mr. Young, Chief, Financial Services Division, is doing a local provider impact analysis on HRSA's latest interpretation of the rules. More information will be available soon and, if possible, there will be written correspondence to impacted providers before the next Commission meeting.
- Advocacy with state colleagues to HRSA on the issue may be needed. Historically, the 10% administrative and 5% quality management caps have been insufficient to offset all the expectations tied to the RW program. Advocacy over the years has prompted HOPWA to raise their administrative caps from 3% to 5% for some grantees and 5% to 7% for others. While still inadequate, HOPWA was unable to garner support for more.
- Mr. Engeran-Cordova asked if Net County Cost (NCC) funds could be used to replace lost RW funds. Mr. Pérez replied that all options are being explored.
- ➡ Mr. Vincent-Jones said up to ten Commissioners may volunteer for community review of the draft RW application, 10/2/2012, 1:00 to 4:00 pm, at DHSP. Review helps DHSP and educates Commissioners. Contact him to volunteer.

**2. LIHP Status Update:**

- Mr. Vega-Matos, Chief, Care Division, reported monitoring of RW patients migrating into LIHP is ongoing. DHSP also participates in the weekly call with providers hosted by DHS and in the ADAP enroller calls hosted by the state. Many providers also call DHSP directly with issues. In such cases, DHSP contacts DHS about the problem.
- Most issues are with the new IT tool, YourBenefitsNow! (YBN). There was a system-wide lag time for the first two weeks. Most issues are now site-specific such as with capacity or compatibility. Mr. Rivera also noted issues on the Department of Public Social Services (DPSS) side, e.g., attachments are only accepted at original application so submission is delayed if a client lacks a document. He noted Quentin O'Brien and other DHS staff are quick to return calls.
- Mr. Vega-Matos said DHS reports that it takes four to six weeks to make a determination on an application once it is accepted into YBN. Meanwhile, the patient's existing coverage continues. The only problems with inappropriate enrollment have been with the auto-enrolled General Relief patients. ADAP enrollers and clinics are aware of that problem. Such patients can call the Consumer Line and are reverted to their HIV provider within 24 hours.
- Patients remain with ADAP for a 30-day application period and receive a further 30-day period even with no proof of application. HWLA has an additional 90-day period to process submitted and accepted applications. Messrs. Land and Rivera noted this population is tentative so often leaves care for long periods if the process is disrupted.
- Mr. Vega-Matos said Mr. O'Brien provided unofficial numbers of 538 PLWH as of a couple of days prior. DHS is also working on a report of applications submitted, pending, approved or otherwise disposed.
- DHSP works with the Department of Mental Health (DMH) on roll-out of the Healthy Way LA (HWLA) mental health benefit. The Tier 2 benefit is defined as a new diagnosis or untreated new manifestation. Patients in treatment are not eligible, so most with RW care will retain it. Patients with AIDS-related dementia or who have a primary diagnosis of substance abuse will also use RW mental health. Such patients retain HWLA medical outpatient care.
- Mr. Vega-Matos noted DMH Tier 2, moderate impairment, funds are via prevention/early intervention programs that limit mental health service scope. The Commission packet, Section 9. B., includes the monthly HWLA Contract Providers Meeting 8/28/2012 agenda, mental health decision tree and what is covered under various benefits. Provide- licensed clinicians, not ADAP enrollers, make the mental health assessments based on the guidelines.
- Mr. Giugni said patients with HWLA medical care and RW mental health care may have issues with navigating two systems. Mr. Vega-Matos replied all RW psychiatry providers and many RW psychotherapy providers are embedded in HWLA medical homes, so most often only the payer will change.
- Tier 1 criteria delineate the severely mentally ill with major impairments in functioning. HWLA does include Tier 1 mental health services. Most RW patients are Tier 2 and receiving RW services. A Tier 2 patient receiving RW services with a new diagnosis or new manifestation may be eligible for HWLA services.
- Mr. Pérez assured planning and community partners that DHSP is working to understand and trouble shoot issues.
- It was anticipated about 400 people would migrate from RW to LIHP per month. Details of the 538 migrating in July and August are being determined, e.g., whether they include those who were auto-enrolled from General Relief in June, July and August. In any case, more people should have been screened and enrolled. Possible enrollment issues include IT problems, programmatic issues or systematic issues such as attaching documents to applications.

- Mr. Ballesteros said the DMH interface with LIHP appears tied to their previously existing funding sources. He suggested exploring whether NCC allocated to RW mental health services could be used to support LIHP services. He noted patients who previously had straight Medi-Cal had more seamless access to mental health services.
- ➡ Mr. Pérez committed to provide a schematic with the LIHP update for the next few months to pinpoint issues.
- ➡ Mr. Vincent-Jones will talk with Commissioners on the new seats for DHS, Ms. Branchick, and DMH (Other County Department), Dr. Jones, to develop a monthly update. He has also invited Mr. O'Brien, DHS, for an update.
- ➡ Mr. Vega-Matos will explore possible use of RW NCC funds to supplement LIHP mental health services.

**10. CO-CHAIRS' REPORT:**

- A. Joint Commission/PPC Annual Meeting: HIV Planning Body Unification:** The all day meeting will be 10/11/2012 at Luminarias.
- B. FY 2012 Part A Letter of Assurance:** This letter is provided to DHSP for inclusion with the annual RW application. It affirms that:
- ① FY 2012 RW funds are being expended per the Commission's 2011 priorities and allocations;
  - ② FY 2012 Conditions of Award pertaining to the planning council have been met;
  - ③ The Commission approved FY 2013 priorities, allocations and directives in accordance with the process it has defined;
  - ④ The Commission has been conducting ongoing membership training since October 2010 consistent with its comprehensive training curriculum;
  - ⑤ The Commission consistently fulfills its membership "representation" and "reflectiveness" responsibilities consistent with HRSA requirements.

**MOTION 4:** Approve the FY 2012 Letter of Assurance for the FY 2013 Ryan White Part A Application, as presented (*Passed by Consensus*).

**11. EXECUTIVE DIRECTOR'S REPORT:**

- Mr. Vincent-Jones reported HRSA requires the Commission to submit an annual progress report describing the planning council's challenges and accomplishments. The report was in the packet for review.
- He noted his remarks to the PPC on unification were also in the packet. He was pleased the PPC agreed to that subject for the Annual Meeting as the International AIDS Conference made clear that the issue is predominant nationwide.
- Mr. Land asked about orientation training. Mr. Vincent-Jones said Operations would address it at their next meeting. It is a priority with so many new Commissioners. The last orientation was held over four months, but the format may be changed.
- Mr. Vincent-Jones announced Erinn Cortez, the Commission's Professional Student Worker for four years, is leaving for a position that better compliments her fashion design career goal. Her last day will be 9/14/2012.

**13. TASK FORCE REPORTS:**

**A. Comprehensive HIV Planning Task Force (CHP TF):**

**1. Goals and Objectives Planning:**

- Mr. Rosales reported there were two goals and objectives meetings in the past month. The draft PowerPoint in the packet details an overarching goal, principles, five goals, strategies, seven objectives and next steps.
- The next meeting will be 9/14/2012 to develop details for objectives such as timelines and percentages, and review the logic model under development and determine strategies. The Task Force also will develop joint key populations.
- Mr. Vincent-Jones urged those who attended either of the previous meetings to attend the all-day meeting at the Commission offices. The meeting is limited to previous attendees to focus on finalizing work rather than updates.

**2. Comprehensive HIV Plan Timeline:**

- Both the Commission and PPC previously voted for a three-year plan. Based on Task Force discussions, the PPC voted for a five-year plan with some benchmarks and annual updates. The motion aligns the Commission plan.
- Mr. Land asked if the Plan remained a living one. Mr. Rosales said that was the reason for annual updates.

**MOTION 5:** Approve a five-year timeline for the Comprehensive HIV Plan, from 1/1/2013 – 12/31/2017, with three-year benchmarks and annual review/monitoring and/or updates (*Passed by Consensus*).

**3. Key Populations Meeting:** There was no additional information.

**B. Community Task Forces:** There was no report.

**14. CAUCUS REPORTS:**

**A. Consumer Caucus:** Mr. Liso noted the next meeting will follow the Commission and will discuss the DHS HIV Directory.

**1. DSRIP Review:**

- Mr. Liso reported the last meeting was 8/23/2012 and focused on consumer input to the 1115 Demonstration Waiver Amendment – Delivery System Reform Incentive Pool (DSRIP) Category 5 HIV Transition Projects.
- Mr. Johnson thanked Dr. Christina Ghaly and Irene Dyer, DHS, for their presentations to JPP and the Caucus.

**B. Latino Caucus:** Mr. Aviña emphasized that the Latino Caucus goes beyond Commission recruitment. Some topics under current discussion are patient navigation for Latinos to ensure Linkage To Care within the County and opening communication with Immigration and Customs Enforcement (ICE) to ensure Linkage To Care for Latino deportees. The Caucus met in August and will meet next on 9/21/2012, 10:00 am to 12:00 noon, at the Commission offices.

**1. Latino Task Force Recommendation Priorities:** Mr. Aviña said the primary focus of the 9/21/2012 meeting will be to finalize review and revision of the PPC Latino Task Force recommendations previously presented to the Commission.

**2. Latino Special Population Guidelines:** Dr. Espinoza also hoped to finish revisions to the Guidelines on 9/21/2012.

**15. STANDING COMMITTEE REPORTS:**

**A. Priorities & Planning (P&P) Committee:**

**1. FY 2013 Directives:** Mr. Land called attention to the Priority- and Allocation-Setting Directives in the packet, as follows:

- ① To the Commission: Begin determining how the RW system will interact with financing and administration of other payer sources after health insurance exchange implementation under the Affordable Care Act (ACA) in 2014 to ascertain how RW can be used to fill service gaps and ensure continuity of and access to health care.
  - ② To the Commission: Develop and implement plans to secure broader acceptance of the Commission's standards of care for PLWH by other health care plans.
  - ③ To the Standards of Care (SOC) and Joint Public Policy Committees: Work with other health care systems to ensure availability of culturally relevant and HIV-appropriate hospice and skilled nursing services and improve minimum expectations for those services in RW and other systems of care and health plans serving PLWH.
- ➡ The Executive Committee will draft an implementation plan for Directive 1 and return it to the Commission.

**MOTION 6:** Approve the FY 2013 directives, as presented (*Passed by Consensus*).

**2. FY 2011 Financial Expenditure Reports (Final):**

- Ms. Jackson, AIDS Healthcare Foundation (AHF), said AHF is developing its wrap-around services, largely funded by RW, to provide supplemental services that will see increased need consequent to health care reform such as LIHP.
- AHF was recently audited by the County Auditor-Controller which determined it should return \$1.7 million to the federal government. AHF disagrees, but its chief concern is impact to smaller providers as the key question is how RW funds have been allocated for years as approved by the County.
- The Auditor-Controller asserts RW funds cannot be used for supplemental services and that each provider must use an equal amount of funds for each client regardless of differences in need. One of the Health Deputies at their 9/12/2012 meeting expressed deep concern, but other County response is still unknown. Fee For Services (FFS) is one County response to the issue, but only addresses one aspect and implementation will, itself, be disruptive.
- Mr. Young, Chief, Financial Services Division, DHSP presented final expenditure reports for the RW YR 21 Part A, Part B and Minority AIDS Initiative (MAI) grant awards. Reports are presented monthly at the P&P Committee.
- During the year, full year expenditures (Column 6 for Part A and MAI) reflect projected expenditures. This is changed to actuals for the final report which then match Column 5, actual Year-To-Date (YTD) expenditures.
- Part A and MAI funds come from HRSA on a March through February grant term. Part B funds are distributed by the state through its Single Allocation Model (SAM) on a July through June grant term. The Part B schedule provides three columns to better reflect the correlation with Part A and MAI funds. Column 6, July through February, provides actuals. Column 7, March through June, provides projections. Column 8 combines the two.
- Both the Part A grant of \$36,886,910 and the Part B grant of \$8,899,119 were fully maximized.
- Total MAI grant funds of \$3,851,429 include rollover funds from YR 3 of \$269,785 and from YR 20 of \$404,395. MAI expenditures total \$3,028,974. DHSP has requested HRSA approve rollover to YR 22 of the remaining \$822,455 to be spent by 2/28/2013, primarily on Oral Health. Approval is anticipated.
- The fourth Summary Report provides all funding sources including NCC, other state funds and other CDC funds.
- Mr. Engeran-Cordova asked why the Summary Report does not end in 0 since the difference reflects the NCC and State funds. Mr. Young noted that simply reflects the non-RW investment.

**MOTION 7:** Accept and file the FY 2011-2012 financial expenditures, as presented (*Passed by Consensus*).

**3. Next Meeting: Review of FY 2012 Expenditures:** There was no additional discussion.

**B. Operations Committee:**

**1. Commission Membership Nominations:**

- Ms. O'Malley noted the next priority is to review orientation training. All are welcome to participate.
- Mr. Johnson encouraged recruitment for SPAs 4, 5, 6, 7 and 8 consumer seats. Consumers at the table are key.

**MOTION 8:** Nominate Joseph Green for the Consumer At-Large seat and Abad Lopez for the SPA 2 Consumer representative seat and forward to the Board of Supervisors for appointment (*Passed as Part of the Consent Calendar*).

**C. Joint Public Policy (JPP) Committee:**

**1. Delivery System Reform Incentive Pool (DSRIP):**

- Mr. Fox reported Dr. Ghaly presented at the 8/22/2012 JPP meeting. A Commission presentation is also planned.
- The DSRIP 1115 Waiver Amendment offers additional funds to all counties with county hospitals to help with the HIV transition into LIHP. Each county must develop a plan on how they would improve county services for PLWH.
- The County plan in the packet includes embedding patients into medical homes and electronic improvements to the Disease Management Registry and referrals.

**2. Routine Testing/Prevention Legislation:**

- This is a legislative initiative prioritized by JPP. It is working with AHF, DHSP and the County AIDS Coordinator's Office on an AHF-sponsored bill to remove barriers that has been in the California Legislature for two sessions.
- JPP is working with its partners to broaden the bill into an omnibus prevention bill, e.g., to expand routine testing, reduce barriers such as informed consent in community-based settings and move training from the state to Local Health Jurisdictions directly funded by the CDC. Language is being finalized and an author is being sought.

**3. State Legislature Special Session:**

- Governor Brown has called a Special Session of the Legislature starting 12/3/2012 to address unresolved statewide issues relating to implementation of the Affordable Care Act (ACA). There are many such issues, e.g., Medicaid must be statutorily expanded to include people up to 133% of Federal Poverty Level (FPL) starting 1/1/2013; and addressing the basic health care program, an option under ACA, for those who are between 133% and 200% FPL.
- JPP will monitor the Special Session to ensure PLWH are represented. Some people plan to go to Sacramento in October to begin reviewing how best to represent PLWH and to educate legislators on issues.

**D. Standards of Care (SOC) Committee:**

- 1. Vision Services Expert Review Panel (ERP):** Send nominees for the 10/16/2012, 8:30 am to 12:30 pm panel to Mr. Vincent-Jones.
- 2. Linkage to Care Expert Review Panels (ERPs):** The panels will be 12/3-4/2012m 8:30 am to 5:30 pm.

**16. PREVENTION PLANNING COMMITTEE (PPC) REPORT:** Mr. Rosales reported the 9/6/2012 meeting reviewed the CHP goals and objectives discussed earlier and discussed the Joint Annual Meeting on unification. The PPC emphasized that the bodies should not merely merge, but rather "build a new house together." It looks forward to the conversation and developing a timeline.

**17. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:**

- Dr. Espinoza, Assistant Director, USC-AETC, said the Los Angeles County AETCs are conducting a training needs assessment for clinicians and other health care providers. AETCs are funded by HRSA to train and educate physicians, physician assistants, nurses, nurse practitioners, dentists and pharmacists. County AETCs have always expanded the definition to include health educators, case managers and social workers. She encouraged completion of the Survey Monkey survey.
- The Charles Drew University-AETC is sponsoring "Breaking the Silence IV: Inside Out: Helping HIV Positive Women (and Men) Improve Their Self-Esteem" on 9/25/2012, 10:00 am to 12:00 noon, at Keck Auditorium. The flyer was in the packet.
- The USC-AETC welcomed two new fellows including one who will train in HIV and corrections at the Sheriff's Department. It is also training two new health care providers at LA Christian Health Centers and at Venice.

**18. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** There were no reports.



**19. SPA/DISTRICT REPORTS:**

- Mr. Land reported the September SPA 1 CAB was cancelled as the staff liaison, Olive Nayler, RN, is on leave. He and Mr. Rivera will coordinate the October meeting. Catalyst and High Desert consumers are invited and often attend.
- He said the SPA 3 CAB will continue reviewing implementation and evaluation of Pasadena contract changes on 9/27/2012.
- Mr. Rivera reported SPA 2 recently hosted a provider forum with an HWLA presentation and question/answer period by the Maternal Child Care Access Center. There will be a similar forum for consumers on 11/1/2012. Location to be announced.
- Ms. James, SPA 6, reported a representative from the Registrar-Recorder presented at the 9/11/2012 meeting on the importance of voting and encouraging consumers to vote, how to register people to vote and some of the propositions.
- The SPA is sponsoring another Breaking the Silence community program on 10/13/2012 at King Drew Magnet High School. The program includes both adult and youth tracks. Flyers were on the resource table.
- SPA 6 meets on the second Tuesday at Watts Counseling and Learning Center, 1465 E. 103<sup>rd</sup> St., Los Angeles, CA 90002.

**20. COMMISSION COMMENT:**

- Mr. Liso noted the Mayo Clinic released a report this month documenting the value of pet therapy for people with HIV, cancer, depression and other conditions. HUD allows such emotional support pets. Neither HOPWA nor Section 8 can require deposits for such reasonable accommodation. He has been fighting imposition of \$75 fees and has accumulated documentation on discrimination. He urged anyone facing such discrimination to contact PAWS or the Commission.
- Mr. Engeran-Cordova reported the Milton Hershey School has settled its dispute with a young HIV+ man denied entrance due to his HIV status. The policy is being changed and he will receive \$700,000. Mr. Engeran-Cordova felt it a wonderful example of reinvigorated advocacy. He also thanked those who joined the AHF march at the International AIDS Conference.

**21. ANNOUNCEMENTS:**

- Mr. Chud announced 9/27/2012 is National Seniors with HIV/AIDS Awareness Day.
- Mr. Goddard announced the Alliance for Housing and Healing Best in Drag Show will be 10/7/2012 at the Orpheum Theater. Kathy Griffin will open the show. Tickets are available.

**22. ADJOURNMENT:** Mr. Johnson adjourned the meeting at 11:55 am in memory of: Jorge Pérez, brother of Mario Pérez, his wife Betty and their unborn son, Alberto, who died in an 8/9/2012 car accident; and Dr. David Turken, dedicated staff psychiatrist at Rand Schrader Clinic for over 20 years and full-time since 1995, who touched the lives of thousands.

**A. Roll Call (Present):** Aviña, Bailey, Ballesteros, Branchick, Brown, Cadden, Engeran-Cordova, Espinoza, Frye, James, Johnson, Kelly, Kochems, Land, Liso, Long, Lopez, O'Malley, Palmeros, Pérez, Rios, Rivera, Simon, Spencer, Vega-Matos, Washington-Hendricks

**Commission on HIV Meeting Minutes**

September 13, 2012

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**MOTION AND VOTING SUMMARY**

<b>MOTION 1:</b> Approve the Agenda Order.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 2:</b> Revise and approve the minutes from the 7/12/2012 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 3:</b> Approve the Consent Calendar with Motions 4, 5, 6 and 7 pulled for deliberation.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 4:</b> Approve the FY 2012 Letter of Assurance for the FY 2013 Ryan White Part A Application, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 5:</b> Approve a five-year timeline for the Comprehensive HIV Plan, from 1/1/2013 – 12/31/2017, with three-year benchmarks and annual review/monitoring and/or updates.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 6:</b> Approve the FY 2013 directives, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 7:</b> Accept and file the FY 2011-2012 financial expenditures, as presented.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION 8:</b> Nominate Joseph Green for the Consumer At-Large seat and Abad Lopez for the SPA 2 Consumer representative seat and forward to the Board of Supervisors for appointment.	<i>Passed as Part of the Consent Calendar</i>	<b>MOTION PASSED</b>